

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Malcolm R. Melvin, III 22820-171
(full name) (Register No.)

Plaintiff(s).

Case No. _____

BOP Bureau of Prisons
(Full name)
and unknown staff members

Defendant(s).

COMPLAINT PURSUANT TO 28 U.S.C. § 1331

I. Place of present confinement of plaintiff(s): Springfield MCFP

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Malcolm Robert Lee Melvin, III Register No. 22820-171
Address PO Box 4000, Springfield, MO 65801

B. Defendant Bureau of Prisons
and unknown staff members
Is employed as corrections employees

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes _____ No ✓
- IV. Do you request a jury trial? Yes ✓ No _____
- V. Do you request money damages? Yes ✓ No _____
State the amount claimed? \$20,000 / 20,000 (actual/punitive)
- VI. Are the wrongs alleged in your complaint continuing to occur? Yes _____ No ✓

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes _____ No ✓

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes _____ No ✓

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

I wrote Administrative Remedies on January 31, 2020, to no avail. I also wrote Congressmen Wm. Lacy Clay, Jr. and Senator Kay Hagan and Senator Eleanor Holmes Norton as well as AG William Barr

D. If you have not filed a grievance, state the reasons.

N/A

VIII. Previous civil actions:

1. A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case: Yes _____ No ✓

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes ✓ No _____

C. If your answer is "yes," to either of the above questions, provide the following information for each case.

(1) Style: Nelson ✓ D. Carrasco Et al
(Plaintiff) (Defendant)

(2) Date filed: _____

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____
(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: _____
(Plaintiff) or (defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

On Monday, January 27, 2020, I was sexually assaulted by staff, whom I could not see because they refused to decontaminate me after a fight where I was sprayed by penetration to my rectum with 2 fingers twice on that day. I could see silhouettes and bright colors in the darkened room as I blinked to clear my eyes. The first time it was 2 staff the second, it was one. The voices of the first occasion made out as Officer A Herrell and Lieutenant S. Deutsch; the other was unidentifiable.

- B. State briefly your legal theory or cite appropriate authority:

Sexual Assault is a crime and Cruel and Unusual Punishment

Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

I want monetary damages of \$40,000 total

X. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name.

N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No ✓

If so, state the names(s) and address(es) of each lawyer contacted.

N/A

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ✓

If so, state the lawyers name and address.

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 03-10-2020 day of _____ 20 .

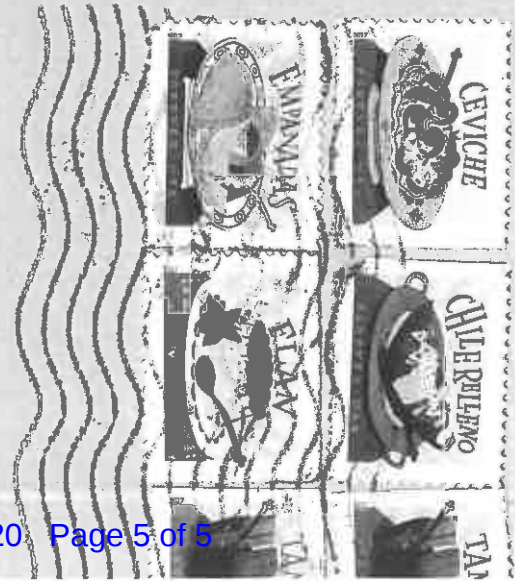
Malcolm Melton, III
Malcolm Melton, III
(Signatures of Plaintiff(s))

Malcolm F. L. Melvin III
Reg. No. 88383-171
Springfield Medical Center
Air Federal Prisoners
P.O. Box 4000
Springfield, MO 65801

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CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF MO
KANSAS CITY, MO



US District Court
Office of the Clerk
1500 Whittaker Center
400 East Ninth Street
Kansas City, MO 64106